



### Consent of Assignee

On behalf of the assignee, AltaRex Corp., I, Edward M. Fitzgerald, the Senior Vice-President and Chief Financial Officer of the assignee and authorized to act on behalf of the assignee, give the assignee's consent to remove Dong Luo as an inventor from U.S. patent application Serial Number 09/152,698. After the application was filed, and while we were obtaining inventors' signatures on the Oath, we determined that Mr. Luo is a mis-joined inventor on the application.

Respectfully submitted,

Edward M. Fitzgerald  
Senior Vice-President, Chief Financial Officer  
AltaRex Corp.

Date: 2/26/99



## *Declaration*

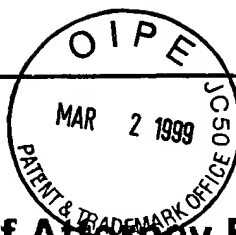
I, Birgit Schultes, hereby declare and state that:

1. I am a co-inventor on U.S. Serial No. 09/152,698 filed 2 September 1998, and entitled "Therapeutic Compositions that Produce an Immune Response";
2. I am an employee of AltaRex Corp., which has an office in Edmonton, Alberta, Canada and in Waltham, Massachusetts, USA. My office location is in the Edmonton office;
3. The inventors listed in the original Declaration and Power of Attorney for this application included Ragupathy Madiyalakan, Antoine Noujaim, Richard Baum, myself, Beatrice Leveugle, Dong Luo, and Fernando Kreutz;
4. On October 20, 1998, AltaRex's patent liaison, Susan G. Edwards, sent me a Declaration and Power of Attorney for my signature, and requested my assistance in locating a co-inventor and former AltaRex Corp. employee, Mr. Dong Luo so that he could review the application and sign the Declaration;
5. My understanding was that Mr. Luo had returned to an unknown address in China, but that he would be in Edmonton, Alberta for a brief period in November 1998; Ms Edwards asked me to obtain Mr. Luo's signature on the Declaration;
6. I spoke with Mr. Luo on November 20, 1998, who indicated that he felt he was not properly named as an inventor because he did not contribute to the invention. He had reviewed all of the claims (pages 72-83 of the specification) and most of the specification (the Background on pages 1-18, the Disclosure of the Invention at pages 20-36, and Examples 15-18 at pages 63-69);
7. Mr. Luo told me that he would not sign the Declaration because, after reviewing the claims and the description of the invention, he did not think he was an inventor; and
8. I recorded the details of the conversation with Mr. Luo in a facsimile to Ms Susan Edwards dated 23 November 1998. A copy of this facsimile is attached.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

B. Schultes  
Birgit Schultes

Feb. 26, 1999  
Date


Docket No.  
52023.1

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

the specification of which

(check one)

☐ is attached hereto.

☒ was filed on September 2, 1998 as United States Application No. or PCT International Application Number 09/152,698 and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

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☐

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(Country)

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**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

William J. Bundren (Reg. No. 31,712)

Send Correspondence to: The Law Office of William J. Bundren  
576 Farmington Road, West  
Accokeek, Maryland 20607-9796

Direct Telephone Calls to: *(name and telephone number)*  
304-203-9781

Full name of sole or first inventor MADIYALAKAN, Ragupathy	<i>Ragupathy</i>	<i>Oct. 20.98</i>	Date ← PLS SIG
Sole or first inventor's signature	<i>Ragupathy</i>		
Residence Edmonton, Alberta, Canada			
Citizenship CA			
Post Office Address 9741-89 Avenue, Edmonton, Alberta, Canada T6E 2S1			

Full name of second inventor, if any NOUJAIM, Antoine A.			Date ← PLS SIG
Second inventor's signature			
Residence Edmonton, Alberta, Canada			
Citizenship CA			
Post Office Address 58 Wilkin Road, Edmonton, Alberta, Canada T6M 3K4			

Full name of third inventor, if any  
**BAUM, Richard P.**

Third Inventor's signature

Date

DATE

Residence  
**Frankfurt, Germany**

Citizenship  
**DE**

Post Office Address  
**Theodor-Stern-Kai-7, Frankfurt, Germany 60590**

Full name of fourth inventor, if any  
**SCHULTES, Birgit**

Fourth Inventor's signature

Date

Residence  
**Edmonton, Alberta, Canada**

Citizenship  
**CA**

Post Office Address  
**10611-84 Avenue, Apt. 102, Edmonton, Alberta, Canada T6E 2H7**

Full name of fifth inventor, if any  
**LEVEUGLE, Beatrice**

Fifth inventor's signature

Date

oct 20 98

PLEASE  
SIGN

Residence  
**Edmonton, Alberta, Canada**

Citizenship  
**CA**

Post Office Address  
**9741-89 Avenue, Edmonton, Alberta, Canada T6E 2S1**

Full name of sixth inventor, if any  
**LUO, Dong**

Sixth Inventor's signature

Date

Residence

Citizenship

Post Office Address

Full name of seventh inventor, if any <b>KREUTZ, Fernando</b>	
Seventh inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of eighth inventor, if	
Eighth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of ninth inventor, if any	
Ninth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of tenth inventor, if any	
Tenth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	







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(Country)

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(Number)

(Country)

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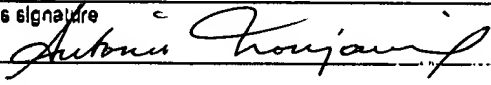
William J. Bundren (Reg. No. 31,712)

Send Correspondence to: The Law Office of William J. Bundren  
576 Farmington Road, West  
Accokeek, Maryland 20607-9796

Direct Telephone Calls to: *(name and telephone number)*  
304-203-9781

Full name of sole or first inventor <b>MADIYALAKAN, Ragupathy</b>	
Sole or first inventor's signature	Date 
Residence <b>Edmonton, Alberta, Canada</b>	
Citizenship <b>CA</b>	
Post Office Address <b>9741-89 Avenue, Edmonton, Alberta, Canada T6E 2S1</b>	

FILE  
SIG

Full name of second inventor, if any <b>NOUJAIM, Antoine A.</b>	
Second inventor's signature 	Date <b>Oct 30, 1998</b>
Residence <b>Edmonton, Alberta, Canada</b>	
Citizenship <b>CA</b>	
Post Office Address <b>58 Wilkin Road, Edmonton, Alberta, Canada T6M 2K4</b>	

Full name of third inventor, if any  
**BAUM, Richard P.**

Third inventor's signature

Date

← DATE

Residence  
**Frankfurt, Germany**

Citizenship  
**DE**

Post Office Address  
**Theodor-Stern-Kai-7, Frankfurt, Germany 60590**

Full name of fourth inventor, if any  
**SCHULTES, Birgit**

Fourth inventor's signature

Date

Residence  
**Edmonton, Alberta, Canada**

Citizenship  
**CA**

Post Office Address  
**10611-84 Avenue, Apt. 102, Edmonton, Alberta, Canada T6E 2H7**

Full name of fifth inventor, if any  
**LEVEUGLE, Beatrice**

Fifth inventor's signature

Date

← DATE  
**PLEASE SIGN**

Residence  
**Edmonton, Alberta, Canada**

Citizenship  
**CA**

Post Office Address  
**9741-89 Avenue, Edmonton, Alberta, Canada T6E 2S1**

Full name of sixth inventor, if any  
**LUO, Dong**

Sixth inventor's signature

Date

Residence

Citizenship

Post Office Address

Full name of seventh inventor, if any <b>KREUTZ, Fernando</b>	
Seventh inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of eighth inventor, if	
Eighth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of ninth inventor, if any	
Ninth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of tenth inventor, if any	
Tenth inventor's signature	Date
Residence	
Citizenship	
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**Direct Telephone Calls to:** *(name and telephone number)*  
304-203-9781

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Sole or first inventor's signature	Date
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Citizenship <b>CA</b>	
Post Office Address <b>9741-89 Avenue, Edmonton, Alberta, Canada T6E 2S1</b>	

PLE  
SIG

Full name of second inventor, if any <b>NOUJAIM, Antoine A.</b>	
Second inventor's signature	Date
Residence <b>Edmonton, Alberta, Canada</b>	
Citizenship <b>CA</b>	
Post Office Address <b>58 Wilkin Road, Edmonton, Alberta, Canada T6M 3K4</b>	



Full name of third inventor, if any <b>BAUM, Richard P.</b>	
Third inventor's signature <i>Richard P. Baum</i>	Date <b>October 21, 1998</b>
Residence <b>HARGESHEIM</b> <del>Frankfurt, Germany</del>	
Citizenship <b>DE</b>	
Post Office Address <del>Theodor Stern-Kal 7, Frankfurt, Germany 60390</del> <b>BERGWEG 4, HARGESHEIM 55595</b>	

Full name of fourth inventor, if any <b>SCHULTES, Birgit</b>	
Fourth inventor's signature	Date
Residence <b>Edmonton, Alberta, Canada</b>	
Citizenship <b>CA</b>	
Post Office Address <b>10611-84 Avenue, Apt. 102, Edmonton, Alberta, Canada T6E 2H7</b>	

Full name of fifth inventor, if any <b>LEVEUGLE, Beatrice</b>	
Fifth inventor's signature	Date
Residence <b>Edmonton, Alberta, Canada</b>	
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Post Office Address <b>9741-89 Avenue, Edmonton, Alberta, Canada T6E 2S1</b>	

Full name of sixth inventor, if any <b>LUO, Dong</b>	
Sixth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of seventh inventor, if any  
**KREUTZ, Fernando**

Seventh inventor's signature

Date

Residence

Citizenship

Post Office Address

Full name of eighth inventor, if

Eighth inventor's signature

Date

Residence

Citizenship

Post Office Address

Full name of ninth inventor, if any

Ninth inventor's signature

Date

Residence

Citizenship

Post Office Address

Full name of tenth inventor, if any

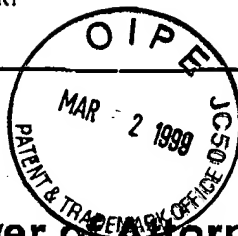
Tenth inventor's signature

Date

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
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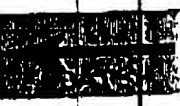
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Full name of fourth inventor, if any <b>SCHULTES, Birgit</b>	Date
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<b>529 Hegler Cres., Edmonton, Alberta, Canada, T6R 1T4</b>	

Full name of fifth inventor, if any <b>LEVEUGLE, Beatrice</b>	Date
Fifth inventor's signature	 PLEASE SIGN
Residence <b>Edmonton, Alberta, Canada</b>	
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Full name of sixth inventor, if any <b>LUO, Dong</b>	Date
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Post Office Address	

Full name of seventh inventor, if any <b>KREUTZ, Fernando</b>	
Seventh inventor's signature	Date
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Full name of eighth inventor, if	
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Residence	
Citizenship	
Post Office Address	

Full name of ninth inventor, if any	
Ninth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of tenth inventor, if any	
Tenth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) AND 1.27 (c)) - SMALL BUSINESS CONCERN**

Docket No.  
52023.1

Serial No.  
09/152,698

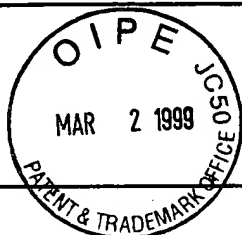
Filing Date  
September 2, 1998

Patent No.

Issue Date

Applicant/ Patentee: **Therapeutic Composition that Produces an Immune Response**

Invention: **MADIYALAKAN, et al.**



I hereby declare that I am:

- ☐ the owner of the small business concern identified below:  
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: **AltaRex Corp.**

ADDRESS OF CONCERN: **303 Wyman Street, Suite 125, Waltham, MA 02145**

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above identified invention described in:

- ☐ the specification filed herewith with title as listed above.  
☒ the application identified above.  
☐ the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).



Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern or organization exists.  
☐ each such person, concern or organization is listed below.

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Richard E. BAGLEY

TITLE OF PERSON SIGNING \_\_\_\_\_

OTHER THAN OWNER: President

ADDRESS OF PERSON SIGNING: 303 Wyman Street  
Suite 125  
Waltham, MA 02145

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

11-2-99

# VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTOR

Serial No.  
52023.1

Serial No.

69/152,698

Filing Date

September 2, 1998

Patent No.

Issue Date

Applicant: MADIYALAKAN, et al.

Patentee

Invention: Therapeutic Composition that Produces an Immune Response

BEST AVAILABLE COPY

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code to the Patent and Trademark Office with regard to the invention entitled above and described in:

- ☐ the specification to be filed herewith.  
☒ the application identified above.  
☐ the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ No such person, concern or organization exists.  
☒ Each such person, concern or organization is listed below.

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

FULL NAME: AltraRex Corp.

ADDRESS: 303 Wyman Street, Suite 125, Waltham, MA 02145

☐ Individual☒ Small Business Concern☐ Nonprofit Organization

FULL NAME

ADDRESS

☐ Individual☐ Small Business Concern☐ Nonprofit Organization

FULL NAME

ADDRESS

☐ Individual☐ Small Business Concern☐ Nonprofit Organization

FULL NAME

ADDRESS

☐ Individual☐ Small Business Concern☐ Nonprofit Organization

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NAME OF INVENTOR MADIYALAKAN, Kaganathy

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR SCHULTES, Bruce

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR BAUM, Richard P.

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR NOLJAIM, Antoine A.

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR LUO, Dong

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR LEVEUGLE, Beatrice

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR KREUTZ, Fernando T.SIGNATURE OF INVENTOR *Fernando T. Kreutz*DATE: Feb. 19, 1999

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

Full name of third inventor, if any <b>BAUM, Richard P.</b>	
Third inventor's signature	Date
Residence <b>Frankfurt, Germany</b>	
Citizenship <b>DE</b>	
Post Office Address <b>Theodor-Stern-Kai-7, Frankfurt, Germany 60590</b>	

BEST AVAILABLE COPY

Full name of fourth inventor, if any <b>SCHULTES, Birgit</b>	
Fourth inventor's signature	Date
Residence <b>Edmonton, Alberta, Canada</b>	
Citizenship <b>CA</b>	
Post Office Address <b>10611-84 Avenue, Apt. 102, Edmonton, Alberta, Canada T6E 2H7</b>	

Full name of fifth inventor, if any <b>LEVEUGLE, Beatrice</b>	
Fifth inventor's signature	Date
Residence <b>Edmonton, Alberta, Canada</b>	
Citizenship <b>CA</b>	
Post Office Address <b>9741-89 Avenue, Edmonton, Alberta, Canada T6E 2S1</b>	

Full name of sixth inventor, if any <b>LUO, Dong</b>	
Sixth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

William J. Bundren (Reg. No. 31,712)

**BEST AVAILABLE COPY**

Send Correspondence to: The Law Office of William J. Bundren  
576 Farmington Road, West  
Accokeek, Maryland 20607-9796

Direct Telephone Calls to: *(name and telephone number)*  
304-203-9781

Full name of sole or first inventor <b>MADIYALAKAN, Ragupathy</b>	
Sole or first inventor's signature	Date
Residence <b>Edmonton, Alberta, Canada</b>	
Citizenship <b>CA</b>	
Post Office Address <b>9741-89 Avenue, Edmonton, Alberta, Canada T6E 2S1</b>	

Full name of second inventor, if any <b>NOUJAIM, Antoine A.</b>	
Second inventor's signature	Date
Residence <b>Edmonton, Alberta, Canada</b>	
Citizenship <b>CA</b>	
Post Office Address <b>58 Wilkin Road, Edmonton, Alberta, Canada T6M 3K4</b>	

Full name of seventh inventor, if any <b>KREUTZ, Fernando T.</b>	<i>Fernando T. Kreutz</i>	<i>Feb 19 1999</i>
Seventh inventor's signature		Date
Residence	<i>Porto Alegre, Rio Grande do Sul, Brazil</i>	
Citizenship	<i>Brazilian</i>	
Post Office Address	<i>Rua Felipe Camarão 147/72</i>	
	<i>Porto Alegre - R.S. 90035-141</i>	

Full name of eighth inventor, if any	
Eighth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

**BEST AVAILABLE COPY**

Full name of ninth inventor, if any	
Ninth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of tenth inventor, if any	
Tenth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTOR			Docket No. 52023.1
Serial No. 09/152,698	Filing Date September 2, 1998	Patent No.	Issue Date
Applicant/ Patentee: <b>MADIYALAKAN, et al.</b>			
Invention: <b>Therapeutic Composition that Produces an Immune Response</b>			
<p>As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 1.9(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:</p> <p><input type="checkbox"/> the specification to be filed herewith. <input checked="" type="checkbox"/> the application identified above. <input type="checkbox"/> the patent identified above.</p> <p>I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).</p> <p>Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:</p> <p><input type="checkbox"/> No such person, concern or organization exists. <input checked="" type="checkbox"/> Each such person, concern or organization is listed below.</p> <p>*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)</p> <p>FULL NAME <u>AltaRex Corp.</u> ADDRESS <u>303 Wyman Street, Suite 125, Waltham, MA 02145</u> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization</p> <p>FULL NAME _____ ADDRESS _____ <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization</p> <p>FULL NAME _____ ADDRESS _____ <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization</p> <p>FULL NAME _____ ADDRESS _____ <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization</p>			

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR MADIYALAKAN, Ragupathy

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR SCHULTES, Birgit

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR BAUM, Richard P.SIGNATURE OF INVENTOR  \_\_\_\_\_DATE: Oct. 21, 1998NAME OF INVENTOR NOUJAIM, Antoine A.

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR LUO, Dong

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR LEVEUGLE, Beatrice

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR KREUTZ, Fernando

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_



<b>VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTOR</b>			Docket No. 52023.1
Serial No. 09/152,698	Filing Date September 2, 1998	Patent No.	Issue Date
Applicant/ Patentee: MADIYALAKAN, et al.			
Invention: Therapeutic Composition that Produces an Immune Response			
<p>As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:</p> <p><input type="checkbox"/> the specification to be filed herewith.</p> <p><input checked="" type="checkbox"/> the application identified above.</p> <p><input type="checkbox"/> the patent identified above.</p> <p>I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).</p> <p>Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:</p> <p><input type="checkbox"/> No such person, concern or organization exists.</p> <p><input checked="" type="checkbox"/> Each such person, concern or organization is listed below.</p> <p>*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)</p>			
<p>FULL NAME <u>AltaRex Corp.</u></p> <p>ADDRESS <u>303 Wyman Street, Suite 125, Waltham, MA 02145</u></p> <p style="text-align: center;"> <input type="checkbox"/> Individual      <input checked="" type="checkbox"/> Small Business Concern      <input type="checkbox"/> Nonprofit Organization         </p>			
<p>FULL NAME _____</p> <p>ADDRESS _____</p> <p style="text-align: center;"> <input type="checkbox"/> Individual      <input type="checkbox"/> Small Business Concern      <input type="checkbox"/> Nonprofit Organization         </p>			
<p>FULL NAME _____</p> <p>ADDRESS _____</p> <p style="text-align: center;"> <input type="checkbox"/> Individual      <input type="checkbox"/> Small Business Concern      <input type="checkbox"/> Nonprofit Organization         </p>			
<p>FULL NAME _____</p> <p>ADDRESS _____</p> <p style="text-align: center;"> <input type="checkbox"/> Individual      <input type="checkbox"/> Small Business Concern      <input type="checkbox"/> Nonprofit Organization         </p>			

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NAME OF INVENTOR MADIYALAKAN, RngupathySIGNATURE OF INVENTOR DATE: Oct 20, 98PL  
SINAME OF INVENTOR SCHULTES, Birgit

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR BAUM, Richard P.

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

FO  
SINAME OF INVENTOR NOUJAIM, Antoine A.

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR LUO, Dong

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR LEVEUGLE, BeatriceSIGNATURE OF INVENTOR DATE: Oct 20 1998FO  
SINAME OF INVENTOR KREUTZ, Fernando

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTOR**Docket No.  
52023.1

Serial No.

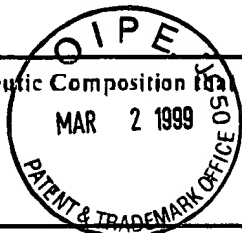
09/152,698

Filing Date

September 2, 1998

Patent No.

Issue Date

Applicant/ **MADIYALAKAN, et al.**  
Patentee:Invention: **Therapeutic Composition that Produces an Immune Response**

As a below named inventor, I hereby declare that I qualify as an Independent Inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:

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☒ the application identified above.  
☐ the patent identified above.

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\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

FULL NAME Altarex Corp.ADDRESS 303 Wyman Street, Suite 125, Waltham, MA 02145

Individual



Small Business Concern



Nonprofit Organization

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_



Individual



Small Business Concern



Nonprofit Organization

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_



Individual



Small Business Concern



Nonprofit Organization

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_



Individual



Small Business Concern



Nonprofit Organization

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NAME OF INVENTOR MADIYALAKAN, Ragupathy

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR SCHULTES, BirgitSIGNATURE OF INVENTOR B. SchultesDATE: Oct. 21, 98NAME OF INVENTOR BAUM, Richard P.

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR NOUJAIM, Antoine A.

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR LUO, Dong

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR LEVEUGLE, Beatrice

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR KREUTZ, Fernando

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

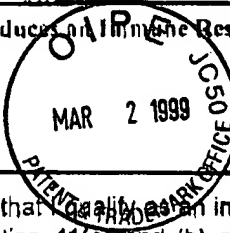
SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF INVENTOR \_\_\_\_\_

SIGNATURE OF INVENTOR \_\_\_\_\_

DATE: \_\_\_\_\_

<b>VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTOR</b>			Docket No. <b>52023.1</b>
Serial No. <b>09/152,698</b>	Filing Date <b>September 2, 1998</b>	Patent No.	Issue Date
Applicant/ <b>MADIYALAKAN, et al.</b> Patentee:			
Invention: <b>Therapeutic Composition that Produces an Immune Response</b>			
			
<p>As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:</p> <p><input type="checkbox"/> the specification to be filed herewith. <input checked="" type="checkbox"/> the application identified above. <input type="checkbox"/> the patent identified above.</p> <p>I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).</p> <p>Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:</p> <p><input type="checkbox"/> No such person, concern or organization exists. <input checked="" type="checkbox"/> Each such person, concern or organization is listed below.</p> <p><b>*NOTE:</b> Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)</p> <p>FULL NAME <u>Altarex Corp.</u> ADDRESS <u>303 Wyman Street, Suite 125, Waltham, MA 02145</u> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization</p> <p>FULL NAME _____ ADDRESS _____ <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization</p> <p>FULL NAME _____ ADDRESS _____ <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization</p> <p>FULL NAME _____ ADDRESS _____ <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization</p>			